

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 11 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F94000005390

1. Corporation Name

ON-POINT TECHNOLOGY SYSTEMS, INC.

Principal Place of Business

Mailing Address

1370 W SAN MARCOS BLVD
#100
SAN MARCOS CA 92069
US

1370 W SAN MARCOS BLVD
#100
SAN MARCOS CA 92069
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

33-0423037

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CAS	LAY, MARY KEITH CANNON	1370 W SAN MARCOS BLVD, #100	SAN MARCOS CA 96069
CEO	FREDERICK SANDVICK	1370 W SAN MARCOS BLVD, #100	SAN MARCOS CA 96069
STC	HOLT, KEN MICHAEL CARLTON	1370 W SAN MARCOS BLVD, #100	SAN MARCOS CA 96069
V	ROBERTS, BRIAN	1370 W SAN MARCOS BLVD, #100	SAN MARCOS CA 96069
D	BROZ, CHARLES BOUSKOS, JAMES CHUCK BROZ	1370 W San Marcos Blvd 8444 MIRALANI DR #100	SAN DIEGO CA San Marcos, CA 96069
D	OLBRICH, JOHN GORDON GRAVES	1370 W SAN MARCOS BLVD, #100 1370 W San Marcos Blvd #100	SAN MARCOS CA 96069

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400003508684--8

Suite, Apt. #, Etc.

12/20/00 81045 025
***750.00 ***750.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

11/29/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Signature of Charles R. Broz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/00 (760) 510-4900

Daytime Phone #

EXT. 2200